MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
10 827229 4	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		/				
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TOTAL IND.	3					
TOTAL DEP.	72					
TOTAL CLAIMS	73					

		IND	DEP	IND	DEP	IND	DEP
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